

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

AFFILIANT(S)

CLAIMS

IND.	DEP.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
		IND.	DEP.	IND.	DEP.	IND.	DEP.						
1								51				101	3
2								52					
3								53					
4								54					
5								55					
6								56					
7								57					
8								58					
9								59					
10								60					
11								61					
12								62					
13								63					
14								64					
15								65	1				
16								66	1				
17								67	1				
18								68	1				
19								69	1				
20								70	1				
21								71		4			
22								72		4			
23								73	1				
24								74	1				
25								75	1				
26								76	1				
27								77	1				
28								78		11			
29								79		11			
30								80		11			
31								81		5			
32								82		5			
33								83		5			
34								84		4			
35								85		5			
36								86		11			
37								87	1				
38								88	1				
39								89	1				
40								90	2				
41								91	1				
42								92	1				
43								93	1				
44								94	1				
45								95	1				
46								96		5			
47								97		5			
48								98		4			
49								99		3			
50								100		3			
TOTAL IND.								TOTAL IND.				17	
TOTAL DEP.								TOTAL DEP.				103	
TOTAL CLAIMS								TOTAL CLAIMS				120	